



Faith In Action

Youth In Service, Travel Canvass Witness, Member Ministry Assistance

Builders For Christ
Christian Volunteer Corps
Faith In Action
- Youth in Service
- Travel Canvass Witness
- Member Ministry Assistance

Completing this form indicates your sincere interest in the Faith In Action (FIA) program and willingness to participate in opportunities that prepare you to serve on an FIA team. Previous experience and/or training will be recognized. You will be contacted if selected to serve. Membership within WELS or ELS is required for participation.

Complete both pages and return to:

WELS Kingdom Workers
2323 N. Mayfair Road
Suite 400
Wauwatosa, Wis. 53226

414.771.6848
1.800.466.9357
kingwork@wkw.wels.net
www.welskingdomworkers.org

Individual Application

PLEASE PRINT or TYPE (as applicable)

Full Name (first, initial, last) _____ Today's date ____ / ____ / ____
as it appears on driver's license or picture I.D.

Sex: ☐ Male ☐ Female Birth date: ____ / ____ / ____ Social Security #: ____ - ____ - ____

Permanent address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ E-mail address: _____

Congregation: _____ Pastor(s): _____

Address: _____ City: _____ State: _____ Zip: _____

I am able to serve from: ____ / ____ / ____ to ____ / ____ / ____
____ / ____ / ____ to ____ / ____ / ____

My previous experience/training includes (continue on separate page, if needed):

	<u>Experience/Training</u>	<u>Location</u>	<u>Month/Year</u>	<u>YIS</u>	<u>TCW</u>	<u>MMA</u>	<u>Other</u>
1	_____	_____	____ / ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	_____	_____	____ / ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	_____	_____	____ / ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

I am able to speak the following language(s) (rate fluency-high or low):

I have certain medical/dietary restrictions: _____

Health insurance company: _____

Policy number: _____ Group number: _____

I do not hold the Wisconsin Evangelical Lutheran Synod, WELS Kingdom Workers, the Board for Home Missions, the host congregation, the high school, or congregational youth group responsible for any accidents incurred while participating in this service activity.

Signature: _____

FOR MINORS: I give the counselor/supervising group to seek emergency care for my child, if needed.

Parent's signature: _____

To begin the process, this completed application may be E-MAILED to the WELS Kingdom Workers office. To complete the process, This page, with your signature, must be MAILED to our office.

Approved by: _____ Signature: _____

☐ Home pastor ☐ Campus pastor ☐ WELS dean ☐ Other

Complete the following section that is most applicable to you.

“As long as it is day, we must do the work of him who sent me. Night is coming, when no one can work.”

John 9:4

YOUTH IN SERVICE *for teens*

High School: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

Personal school e-mail address (if applicable): _____ Grade level: _____

Each YIS team needs a chaperone. It is preferred to have a female chaperone for female students and a male chaperone for male students. One chaperone can sign for no more than six students.

Chaperone's name: _____ Today's date: ____ / ____ / ____

TRAVEL CANVASS WITNESS *for college students*

College: _____ Phone: () _____

Address: _____ Apt./Box number: _____

City: _____ State: _____ Zip: _____

Personal school e-mail address (if applicable): _____ Grade level: _____

I have a car with which I could transport a TCW team: ☐ Yes ☐ No

Car license number/state: _____ Driver's license number/state: _____

Auto insurance company: _____ Phone: () _____

Policy number: _____

NOTE: If you cancel after being assigned to a team and flight arrangements made, you will be charged for your unused ticket.

MEMBER MINISTRY ASSISTANCE *for all others*

Work phone: () _____ Work e-mail: _____

Comments:

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